

## Nixon &amp; Vanderhye PC

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WRITER'S DIRECT DIAL NUMBER:  
**(703) 816-4019****FACSIMILE COVER SHEET**  
**PLEASE DELIVER IMMEDIATELY!!!!**Our Ref.: 4398-474  
Your Ref.: USSN 10/555,301 Date: June 7, 2006

To:	<u>Ms. V. Wallace</u>
Firm:	<u>USPTO</u>
Facsimile No.:	<u>571-273-9843</u>
From:	<u>Paul T. Bowen</u>

Number of Pages (including cover sheet): 6  
 (IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION,  
 PLEASE CONTACT US IMMEDIATELY AT (703-816-4000).

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 Julie Krumpelman  
 FACSIMILE OPERATOR

ATTACHMENT/S: Application Data Sheet

Re: ( USSN 10/555,301 )  
Our Docket: 4398-474**MESSAGE:**

Dear Ms. Wallace:

In accordance with your telephone call of June 7, attached is an Application Data Sheet for the above-identified application.

Should you have any questions or comments, please contact us.

Best regards,

  
 Paul T. Bowen  
 Reg. No. 38,009

PTB/jck

**CONFIDENTIALITY NOTE**

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1082091

REC'D POEPTO 07 JUN 2006

**Application Data Sheet****Application Information**

Application number:: 10/555,301  
Filing Date:: November 2, 2005  
Application Type:: Regular  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form  
(CRF)?::  
Number of copies of CRF::  
Title:: A MASK SYSTEM  
Attorney Docket Number:: 4398-474  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 65  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Andrew  
Family Name:: JONES

Name Suffix:: Dundas

City of Residence:: New South Wales

State or Province of Residence:: Australia

Country of Residence:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive

Street of mailing address:: Bella Vista

City of mailing address:: New South Wales

State or Province of mailing address:: Australia

Country of mailing address:: 2153

Postal or Zip Code of mailing address:: Inventor

Applicant Authority Type:: Australia

Primary Citizenship Country:: Full Capacity

Status:: Amal

Given Name:: Shirley

Middle Name:: AMARASINGHE

Family Name::

Name Suffix:: Beecroft

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State or Province of Residence:: Australia

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City of mailing address:: New South Wales

State or Province of mailing address:: Australia

Country of mailing address:: 2153

Postal or Zip Code of mailing address:: Inventor

Applicant Authority Type:: Australia

Primary Citizenship Country:: Full Capacity

Status:: Timothy

Given Name:: Tsun-Fai

Middle Name:: FU

Family Name::

Name Suffix::

City of Residence:: Carlingford  
State or Province of Residence:: New South Wales  
Country of Residence:: Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: *7-10* Perry  
Middle Name:: David  
Family Name:: LITHGOW  
Name Suffix::  
City of Residence:: Glenwood  
State or Province of Residence:: New South Wales  
Country of Residence:: Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: *5-6* Jim  
Middle Name::  
Family Name:: SAADA  
Name Suffix::  
City of Residence:: Kellyville

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State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	3 Bushview Drive
City of mailing address::	Kellyville
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2155
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Ireland
Status::	Full Capacity
Given Name::	<u>Fiachra</u>
Middle Name::	<u>Marcus</u>
Family Name::	<u>SWEENEY</u>
Name Suffix::	
City of Residence::	North Bondi
State or Province of Residence::	New South Wales
Country of Residence::	Australia
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Postal or Zip Code of mailing address::	2153

**Correspondence Information**

Correspondence Customer Number::	23117
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**Representative Information**

Representative Customer Number::	23117
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU2004/000563	April/30/2004

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
AU	2003902098	2 May 2003	Yes
AU	2004901648	26 March 2004	Yes
	PCT/AU2004/000563	30 April 2004	Yes

**Assignee Information**

Assignee Name::	ResMed Limited
Street of mailing address::	1 Elizabeth Macarthur Drive
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State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
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